

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
AUG 20 2014
Bayfield Co. Zoning Dept.

Permit #: 14-0894
Date: 8-28-14
Amount Paid: \$75 8-21-14
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

| | | | | | | | | | | | | | |
|---|--|---|--|--|--|---|--|---|--|--|--|--|--|
| TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE | | <input type="checkbox"/> SANITARY | | <input type="checkbox"/> PRIVATE | | <input type="checkbox"/> CONDITIONAL USE | | <input type="checkbox"/> SPECIAL USE | | <input type="checkbox"/> B.O.A. | | <input type="checkbox"/> OTHER | |
| Owner's Name: Justin Bohde | | Mailing Address: 52960 Corners Rd | | City/State/Zip: Barnev WI 54873 | | Telephone: 715-558-5337 | | | | | | | |
| Address of Property: 52960 Corners Rd | | City/State/Zip: Barnev WI 54873 | | Contractor Phone: 715-558-6579 | | Plumber: 715-558-5337 | | | | | | | |
| Contractor: Nordens Construction | | Agent Phone: 715-558-6579 | | Agent Mailing Address (include City/State/Zip): | | Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | | PIN: (23 digits) 04-004-2-45-09-32-1-02-000-600000 | | Recorded Document: (i.e. Property Ownership) 10473 | | Page(s) 184 | | | | | | | |
| PROJECT LOCATION: S1/2, NW 1/4, NW 1/4 NE | | Gov't Lot | | Lot(s) | | CSM | | Vol & Page | | Lot(s) No. | | Block(s) No. | |
| Section 32, Township 45 N, Range 9 W | | Town of: Barnev | | Lot Size | | Acreage 5.008 | | | | | | | |
| <input type="checkbox"/> Shoreland | | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue → | | Distance Structure is from Shoreline: feet | | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| <input checked="" type="checkbox"/> Non-Shoreland | | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue → | | Distance Structure is from Shoreline: feet | | | | | | | | | |
| Value at Time of Completion * include donated time & material \$15000 | | Project | | # of Stories and/or basement | | Use | | # of bedrooms | | What Type of Sewer/Sanitary System Is on the property? | | Water | |
| <input checked="" type="checkbox"/> New Construction | | <input checked="" type="checkbox"/> 1-Story | | <input type="checkbox"/> Seasonal | | <input type="checkbox"/> 1 | | <input type="checkbox"/> Municipal/City | | <input type="checkbox"/> (New) Sanitary | | Specify Type: <input checked="" type="checkbox"/> City | |
| <input type="checkbox"/> Addition/Alteration | | <input type="checkbox"/> 1-Story + Loft | | <input type="checkbox"/> Year Round | | <input type="checkbox"/> 2 | | <input type="checkbox"/> (New) Sanitary | | <input type="checkbox"/> Sanitary (Exists) | | Specify Type: <input checked="" type="checkbox"/> Well | |
| <input type="checkbox"/> Conversion | | <input type="checkbox"/> 2-Story | | <input type="checkbox"/> 3 | | <input checked="" type="checkbox"/> Sanitary (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | | <input type="checkbox"/> Portable (w/service contract) | | <input type="checkbox"/> Compost Toilet | | | |
| <input type="checkbox"/> Relocate (existing bldg) | | <input type="checkbox"/> Basement | | <input type="checkbox"/> None | | <input type="checkbox"/> None | | | | | | | |
| <input type="checkbox"/> Run a Business on Property | | <input type="checkbox"/> Foundation | | | | | | | | | | | |

Existing Structure: (if permit being applied for is relevant to it) Length: Width: Height: Proposed Construction: Length: Width: Height:

| | | | | |
|---|-------------------------------------|--|------------|----------------|
| Proposed Use | ✓ | Proposed Structure | Dimensions | Square Footage |
| <input type="checkbox"/> Principal Structure (first structure on property) | <input type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) | (X) | |
| <input type="checkbox"/> with Loft | <input type="checkbox"/> | with a Porch | (X) | |
| <input type="checkbox"/> with (2 nd) Porch | <input type="checkbox"/> | with a Deck | (X) | |
| <input type="checkbox"/> with (2 nd) Deck | <input type="checkbox"/> | with Attached Garage | (X) | |
| <input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | <input type="checkbox"/> | Mobile Home (manufactured date) | (X) | |
| <input type="checkbox"/> Addition/Alteration (specify) | <input type="checkbox"/> | Accessory Building (specify) | (X) | |
| <input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify) | <input checked="" type="checkbox"/> | Accessory Building Addition/Alteration (specify) | (X) | |
| <input type="checkbox"/> Special Use: (explain) | <input type="checkbox"/> | Conditional Use: (explain) | (X) | |
| <input type="checkbox"/> Other: (explain) | <input type="checkbox"/> | | (X) | |

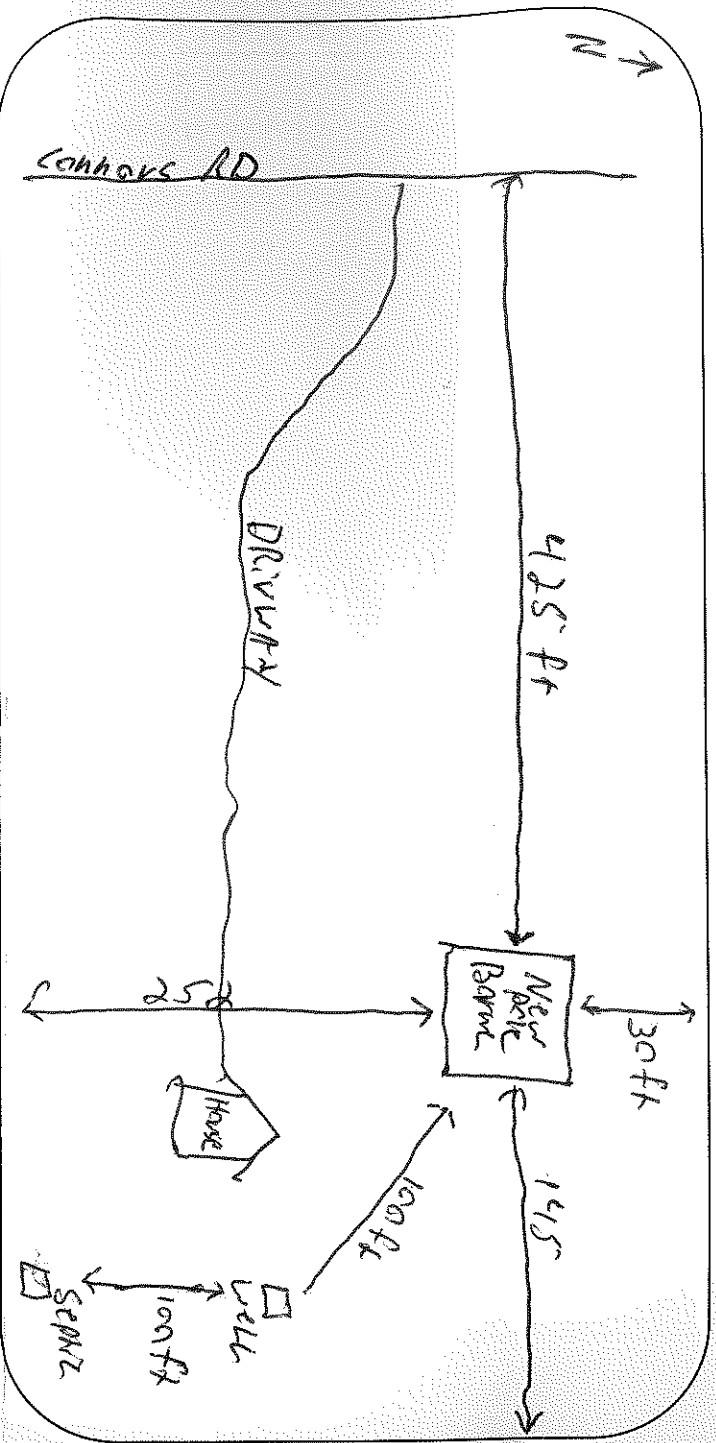
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent:

Address to send permit 52960 Corners Rd Barnev WI 54873
Date 8-17-14
Attach Copy of Tax Statement ✓

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

| Description | Measurement | Description | Measurement |
|---|-------------|--|---|
| Setback from the Centerline of Platted Road | 425 Feet | Setback from the Lake (ordinary high-water mark) | None Feet |
| Setback from the Established Right-of-Way | 400 Feet | Setback from the River, Stream, Creek | None Feet |
| Setback from the North Lot Line | 30 Feet | Setback from the Bank or Bluff | None Feet |
| Setback from the South Lot Line | 250 Feet | Setback from Wetland | no wetland Feet |
| Setback from the West Lot Line | 400 Feet | 20% Slope Area on property | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line | 145 Feet | Elevation of Floodplain | NA Feet |
| Setback to Septic Tank or Holding Tank | 200 Feet | Setback to Well | 100 Feet |
| Setback to Drain Field | 225 Feet | | |
| Setback to Privy (Portable, Composting) | None Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | | |
|--|--|---|--|---|---|
| Issuance Information (County Use Only) | | Sanitary Number: | # of bedrooms: | | Sanitary Date: |
| Permit Denied (Date): | | Reason for Denial: | | | |
| Permit # 14-02994 | | Permit Date: 8-28-14 | | | |
| Is Parcel a Sub-Standard Lot | | <input type="checkbox"/> Yes (Deed of Record) | <input checked="" type="checkbox"/> No | Mitigation Required | |
| Is Parcel in Common Ownership | | <input type="checkbox"/> Yes (Fused/Contiguous Lots) | <input checked="" type="checkbox"/> No | Mitigation Attached | |
| Is Structure Non-Conforming | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Affidavit Required | |
| Granted by Variance (B.O.A.) | | Previously Granted by Variance (B.O.A.) | | Affidavit Attached | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Was Parcel Legally Created | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Was Proposed Building Site Delineated | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Inspection Record: | | Zoning District (R-3) | | | |
| Date of Inspection: 8-26-14 | | Inspected by: M. Fustale | | Lakes Classification (NA) | |
| Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached) | | Date of Re-inspection: | | | |
| May not be used for human habitation. No water under pressure in structure. No plumbing fixtures in structure. | | | | | |
| Signature of Inspector: M. Fustale | | Date of Approval: 8-27-14 | | | |
| Hold For Sanitary: <input type="checkbox"/> _____ | | Hold For TBA: <input type="checkbox"/> _____ | | Hold For Affidavit: <input type="checkbox"/> _____ | |
| | | Hold For Fees: <input type="checkbox"/> _____ | | <input type="checkbox"/> _____ | |

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DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
JUL 22 2014
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 14-0296
Date: 8-28-14
Amount Paid: \$175 7-22-14
Refund:

HOW DO I FILE OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

| | | | | | | | |
|--|--|---|---|--|--|---------------------------------|---|
| TYPE OF PERMIT REQUESTED → | <input type="checkbox"/> LAND USE | <input type="checkbox"/> SANITARY | <input type="checkbox"/> PRIVY | <input type="checkbox"/> CONDITIONAL USE | <input checked="" type="checkbox"/> SPECIAL USE | <input type="checkbox"/> B.O.A. | <input type="checkbox"/> OTHER |
| Owner's Name: | DON and RANELL HAMM | | | Mailing Address: | City/State/Zip: | | Telephone: |
| Address of Property: | 50340 Outletbay Rd | | | City/State/Zip: | Lilydale MN 55118 | | Cell Phone: |
| Contractor: | CJ Landscaping | | | Contractor Phone: | 715-699-1111 | | Plumber: |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | Caleb Yeoder | | | Agent Phone: | Same | | Agent Mailing Address (include City/State/Zip): |
| PROJECT LOCATION | Legal Description: (Use Tax Statement) | PLN: (23 digits) 04-004-2-44-09-09-305-009-07000 | Vol & Page | Lot(s) No. | Block(s) No. | Subdivision: | Recorded Document (i.e. Property Ownership) Volume 966 Page(s) 930 |
| NE 1/4 SW 1/4 NW 1/4 S 43.2' OF 9 | Gov't Lot | Lot(s) | CSM | Vol & Page | Lot(s) No. | Block(s) No. | Subdivision: |
| Section 9, Township 44 N, Range 9 W | Town of: Barnes | | | Lot Size | Acreage | | |
| <input checked="" type="checkbox"/> Shoreland → | <input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue → | Distance Structure is from Shoreline: 50 feet | Distance Structure is from Shoreline: 50 feet | Is Property in Floodplain Zone? | Are Wetlands Present? | | |
| <input type="checkbox"/> Non-Shoreland | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue → | Distance Structure is from Shoreline: feet | Distance Structure is from Shoreline: feet | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

| Value at Time of Completion * include donated time & material | Project (What are you applying for) | # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System is on the property? | Water |
|--|--|---|--|--|---|-------------------------------|
| \$ | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary | <input type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input type="checkbox"/> | <input type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: CS | <input type="checkbox"/> |
| | <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/> |
| | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement | <input checked="" type="checkbox"/> Foundation | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Compost Toilet | <input type="checkbox"/> |

| | | | |
|---|---------|--------|---------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: | Width: | Height: |
| Proposed Construction: | Length: | Width: | Height: |

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|---|--|------------|----------------|
| <input type="checkbox"/> Principal Structure (first structure on property) | <input type="checkbox"/> | (X) | |
| <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) | <input type="checkbox"/> | (X) | |
| <input type="checkbox"/> with Loft | <input type="checkbox"/> | (X) | |
| <input type="checkbox"/> with a Porch | <input type="checkbox"/> | (X) | |
| <input type="checkbox"/> with (2nd) Porch | <input type="checkbox"/> | (X) | |
| <input type="checkbox"/> with a Deck | <input type="checkbox"/> | (X) | |
| <input type="checkbox"/> with (2nd) Deck | <input type="checkbox"/> | (X) | |
| <input type="checkbox"/> with Attached Garage | <input type="checkbox"/> | (X) | |
| <input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | <input type="checkbox"/> | (X) | |
| <input type="checkbox"/> Mobile Home (manufactured date) | <input type="checkbox"/> | (X) | |
| <input type="checkbox"/> Addition/Alteration (specify) | <input type="checkbox"/> | (X) | |
| <input type="checkbox"/> Accessory Building (specify) | <input type="checkbox"/> | (X) | |
| <input type="checkbox"/> Accessory Building Addition/Alteration (specify) | <input type="checkbox"/> | (X) | |
| Rec'd for Issuance | Special Use: (explain) Steps and Retaining Class A | (100 x 60) | 7200 |
| AUG 28 2014 | Conditional Use: (explain) | (X) | |
| Secretarial Staff | Other: (explain) | (X) | |

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: CJ Landscaping
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: 10524 N Riverside Rd Lilydale WI 54843
Date: 7-9-14
Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) **Show Location of:** **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

* See Attached

Please complete (1) – (7) above (prior to continuing)

(8) **Setbacks:** (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

| Description | Measurement | Description | Measurement |
|---|-------------|--|-------------|
| Setback from the Centerline of Platted Road | Feet | Setback from the Lake (ordinary high water mark) | Feet |
| Setback from the Established Right-of-Way | Feet | Setback from the River, Stream, Creek | Feet |
| Setback from the North Lot Line | Feet | Setback from the Bank or Bluff | Feet |
| Setback from the South Lot Line | Feet | Setback from Wetland | Feet |
| Setback from the West Lot Line | Feet | Setback from 20% Slope Area | Feet |
| Setback from the East Lot Line | Feet | Elevation of Floodplain | Feet |
| Setback to Septic Tank or Holding Tank | Feet | Setback to Well | Feet |
| Setback to Drain Field | Feet | | |
| Setback to Privy (Portable, Composting) | Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s) of New Construction:** Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

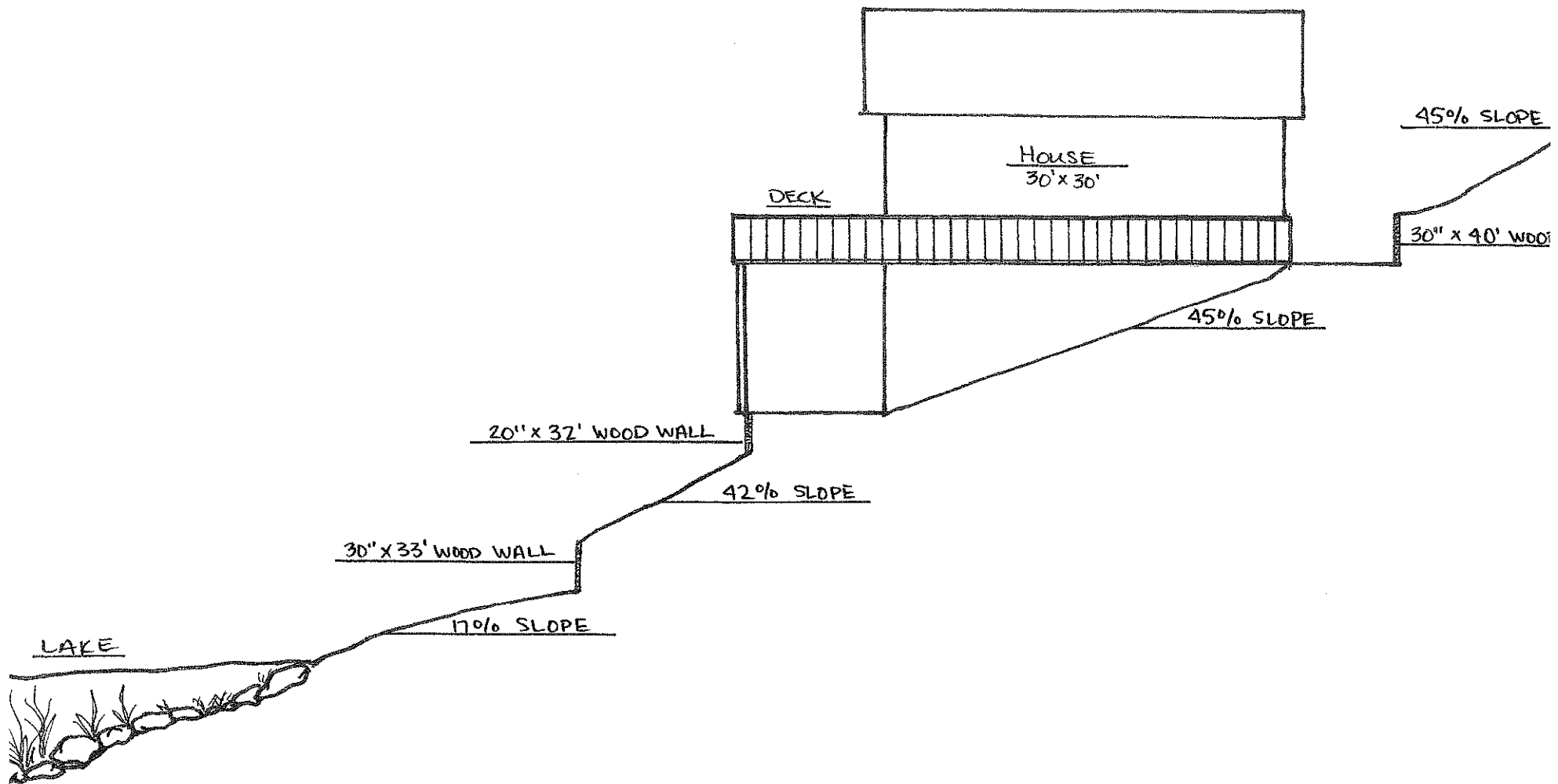
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | |
|---|---|--|---|--|
| Issuance Information (County Use Only) | | Sanitary Number: <u> </u> | # of bedroom: <u> </u> | Sanitary District: <u> </u> |
| Permit Denied (Date): <u> </u> | | Reason for Denial: <u> </u> | | |
| Permit #: <u>14-08916</u> | Permit Date: <u>8-28-14</u> | | | |
| Is Parcel a Sub-Standard Lot <input checked="" type="checkbox"/> Yes (Deed of Record) <u> </u> <input type="checkbox"/> No | Is Parcel in Common Ownership <input type="checkbox"/> Yes (Fused/Contiguous Lots) <u> </u> <input checked="" type="checkbox"/> No | Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming <input checked="" type="checkbox"/> Yes <u> </u> <input type="checkbox"/> No | | | | |
| Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Case #: <u> </u> | Case #: <u> </u> | Case #: <u> </u> | | |
| Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Proposed Building Site Delineated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>existing</u> | Were Property Lines Represented by Owner <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Was Property Surveyed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Inspection Record: <u>Mon - confirming structure. Slopes > 20%.</u> | | Zoning District (<u>B-1</u>) | | |
| Date of Inspection: <u>7-29-14</u> | | Lakes Classification (<u>1</u>) | | |
| Inspected by: <u>MM. Funtak</u> | | Date of Re-Inspection: <u> </u> | | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (if <u>No</u> they need to be attached.) | | | | |
| <u>Need engineered plans. Restoration of vegetation upon completion of project.</u> | | | | |
| Signature of Inspector: <u>Michael Funtak</u> | | Date of Approval: <u>8-2-14</u> | | |
| Hold For Sanitary: <input type="checkbox"/> <u> </u> | Hold For TBA: <input checked="" type="checkbox"/> <u>O.P.</u> | Hold For Affidavit: <input type="checkbox"/> <u> </u> | Hold For Fees: <input type="checkbox"/> <u> </u> | <input type="checkbox"/> <u> </u> |

EXISTING LANDSCAPE



| | |
|--------------|---------------|
| Permit #: | 14-0306 |
| Date: | 8-29-14 |
| Amount Paid: | \$175 6-10-14 |
| Refund: | |

| | |
|--------------|---------------|
| Permit #: | 14-0306 |
| Date: | 8-29-14 |
| Amount Paid: | \$175 6-10-14 |
| Refund: | |

| Value at Time of Completion * include donated time & material | Project | # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System Is on the property? | Water |
|--|---|---|--|--|---|--|
| \$ 7,500 | <input type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input checked="" type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: _____ | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input type="checkbox"/> _____ | <input type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Cover</u> | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Relocate (existing Bldg) | <input type="checkbox"/> Basement | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | |
| | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement | <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | |
| | <input type="checkbox"/> _____ | <input type="checkbox"/> Foundation | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Compost Toilet | |
| | | | | | <input type="checkbox"/> None | |

| Existing Structure: (if permit being applied for is relevant to it) | | Length: | Width: | Height: |
|--|---|----------------|--------|---------|
| Proposed Construction: | | Length: | Width: | Height: |
| Proposed Use | Proposed Structure | Dimensions | | |
| | | Square Footage | | |
| <input checked="" type="checkbox"/> Residential Use <input type="checkbox"/> Commercial Use <input type="checkbox"/> Municipal Use | <input checked="" type="checkbox"/> Principal Structure (first structure on property) | (| X |) |
| | <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) | (| X |) |
| | with Loft | (| X |) |
| | with a Porch | (| X |) |
| | with (2 nd) Porch | (| X |) |
| | with a Deck | (| X |) |
| | with (2 nd) Deck | (| X |) |
| | with Attached Garage | (| X |) |
| | <input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (| X |) |
| | <input type="checkbox"/> Mobile Home (manufactured date) _____ | (| X |) |
| <input type="checkbox"/> Addition/Alteration (specify) _____ | (| X |) | |
| <input type="checkbox"/> Accessory Building (specify) _____ | (| X |) | |
| <input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify) <u>porch</u> | (| X |) | |
| Rec'd for Issuance | | | | |
| AUG 29 2014 | Special Use: (explain) _____ | 14 | X | 21 |
| | Conditional Use: (explain) _____ | (| X |) |
| | Other: (explain) _____ | (| X |) |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

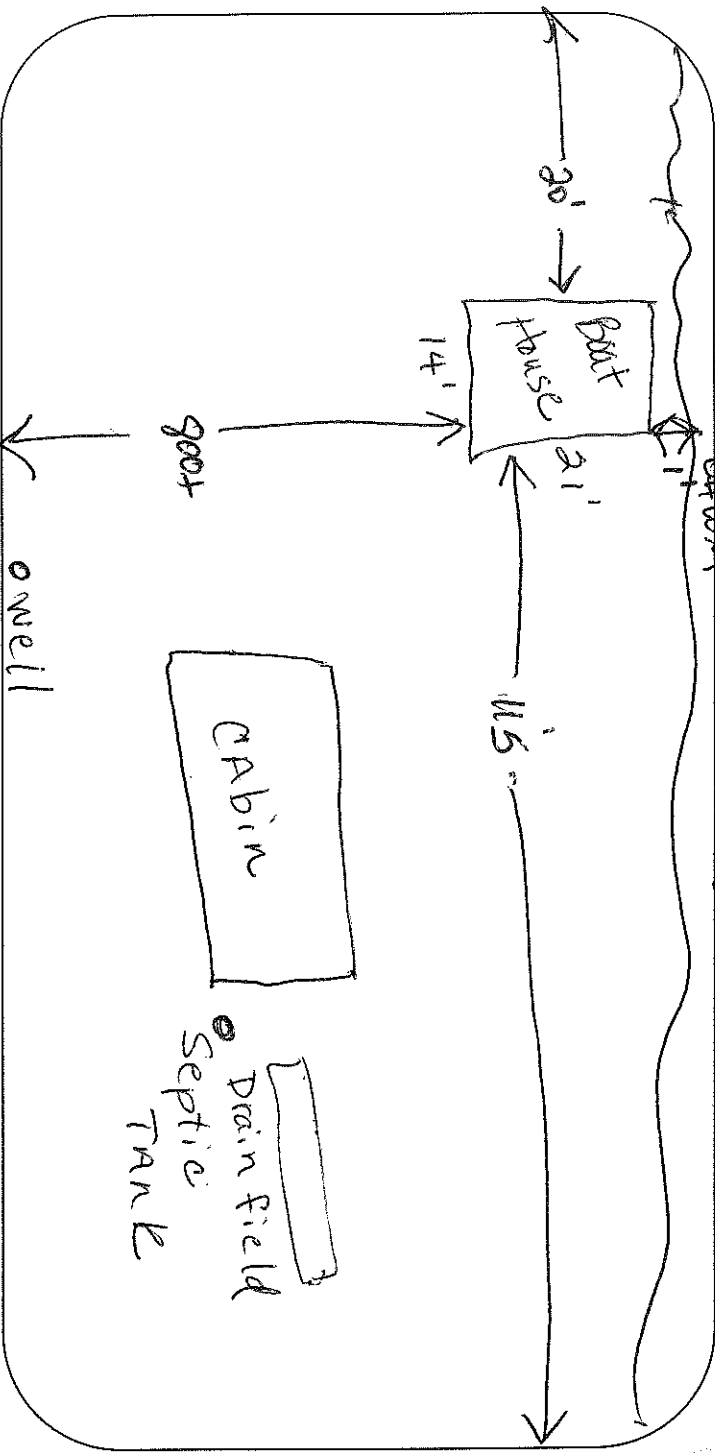
Secretarial Stamp

Attach
Copy of Tax Statement ✓

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

Middle Eau Claire Lake



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

| Description | Measurement | Description | Measurement |
|---|-------------|--|---|
| Setback from the Centerline of Platted Road | 300+ Feet | Setback from the Lake (ordinary high-water mark) | 1 Feet |
| Setback from the Established Right-of-Way | 300+ Feet | Setback from the River, Stream, Creek | N/A Feet |
| Setback from the North Lot Line | N/A Feet | Setback from the Bank or Bluff | N/A Feet |
| Setback from the South Lot Line | 800+ Feet | Setback from Wetland | N/A Feet |
| Setback from the West Lot Line | 20' Feet | 20% Slope Area on property | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line | 15+ Feet | Elevation of Floodplain | N/A Feet |
| Setback to Septic Tank or Holding Tank | 100+ Feet | Setback to Well | 90+ Feet |
| Setback to Drain Field | 100+ Feet | | |
| Setback to Privy (Portable, Composting) | N/A Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | | |
|---|--|---|---|------------------------|---|
| Issuance Information (County Use Only) | | Sanitary Number: 3893158 | # of bedrooms: 3 | Sanitary Date: 9-19-01 | |
| Permit Denied (Date): | | Reason for Denial: 327278 | 2 | 0-25-99 | |
| Permit #: 14-0306 | | Permit Date: 8-29-14 | | | |
| Is Parcel a Sub-Standard Lot | Yes (Deed of Record) <input type="checkbox"/> No <input checked="" type="checkbox"/> | Mitigation Required | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Affidavit Required | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) | Mitigation Attached | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Affidavit Attached | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Is Structure Non-Conforming | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Previously Granted by Variance (B.O.A.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Case #: | |
| Granted by Variance (B.O.A.) | Case #: | Were Property Lines Represented by Owner | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Inspection Record: | | | | | |
| Date of Inspection: 8-19-14 | Inspected by: M. Fuchs | | | | |
| Non-conforming structure! from CHW11 | | | | | |
| Any trees that are removed during the construction repairs must be replanted with in 50' of the lake. Must be best management practices (2 years of old fence). | | | | | |
| Signature of Inspector: Michael Swick | | | | | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input checked="" type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | | Date of Approval: 8-22-14 |
| | | | | | Emp Surface Colors |